Under the (	PAT	e Reduction Ac ENT APPL	icatk	)N <sub>.</sub> FEE DE	TERMINAT	ION	RECORD	internation o	4	and the same of the same of		
Substitute for Form PTO-875									197	91759,402		
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)							SMAL	LENTITY	08	OTHER THUS		
FOR			NUMBER FILED		HAMBEREXTRA		RATE	· FEE	7	RATE	RE	
LANG FEE PT OFR LIGHTS		•						1	·			
TOTAL CLASS		•	ethu	20 -		7	×3		7 or	×1.		
HOEPERDE D7 CFR 1.18		45	. athus	3.0.	•	];			Tim	A 5 4	1	
MATPLE DEPENDENT CLAMPRESENT FIT OFF LISTO .							•••	1.	) oai	1110		
"If the difference in others I is less than small order "O" in column 2"							TOTAL	1	٦	TOTAL		
CLAIMS AS AMENDED - PART #												
	•	•		·				• • • • • • • • • • • • • • • • • • • •	· OR		RTHAH	
2-28-0	<u>Æ</u>	(Column 1) CLAMS REMARKING	<del>.</del>	: (Cotumn		<b>'</b>		ENILLA	٠ . ا		ENTITY	
EI.		AFTER	1 .	MEVIOUS	LY EXTRA		PATE	MONAL FEE		RATE	TIONAL.	
To OFFI		AMENDMENT 16	Sithus	"20	1.	11	25.		OR	×150.	FEE .	
2 37 3 A		2	1444	- 2	1./	1.	.400:		- ×	200		
<u> </u>		ATION OF MALTER	LÉ OSFER	DITCLAN O	cris upica	1	+180-		ÖR	+,360.	, ,	
							TOTAL ADD'L FEE		OR.	TOTAL ADOR FEE	٠.	
7-#1-06 (Column 1) (Column 2). (Column 3)												
		CLAIMS REMAINING	Π.	HIGHEST NUMBER	PRESENT	7: [	·RATE ·	ADQ1	1 ·	RATE	ADDL	
Yes		AFTER AMENDMENT	1400	PAID FOR	Y EXTRA	11		FEE			THOMAL	
210000	***	16	Mous	30	1:	11	<u> </u>		OR	: <u>.50</u> -	· · · · · · · · · · · · · · · · · · ·	
Σ		<u>.a.                                   </u>	• •	-3	1	1.1	× 100-		OR	200		
PRINT PRESENTATION OF MILITURE GEFENDENT CLASS. (27 CFR 1.995)							TOTAL		OR	1014		
8-16-0 (Cotumn 1) (Cotumn 2) (Cotumn 3)												
010	· ·	(Column 1)		(Cotami 2	(Cuitagen 3)	rr		•	1 1	<del></del>		
	1	REMARKNO- 'AFTER AMENDMENT-		HIGHEST MAKEER PREVIOUSE PAID FOR	PRESENT		RATE	ADOI- TIDHAL		RATE	ADDI- TRONAL FEE	
		.16	. Alberta	- 20	- 0		x (25.	0	OR	x . 50 .		
CONTROL LA	# <sub>2</sub>	2	\$Cours	<del>-</del> 3	0		x 100.	Ö	OR .	x = 300-	•	
FRET FR	FRIST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.1945)							0	OR [	+360		
: <i>;</i>	•			••.	•	• •	TOTAL ADD'L FEE	<u>. O</u>	OR	ADDITEE		
of the ent	ry lin col phesi M	um 1 is less the miser Previously	Paid for	DAYS SHIT NO	its Win column E is less than 12,	OTO 3.	<b>3</b> 0.			•	· : [	
The 960	thord Phi test State	mber Priviously der Priviously (	Pull For will For (	ge THIS SPACI Fold or Indiges	is less than 2, e derig is the highe opposition is requi	ed no	mber found in	he appropriate	pois in cal	utan 1.		

This collection of information is required by 37 CFR 1.58. The information is required to obtain or estate a bessell by the public which is to 629 (and by the USPTO to process) an application. Completifiedly is governed by 55 U.S.C. 122 and 37 CFR 1.44. This collection is estimated to late 12 estates to complete inchetting step estates, and estatesing the completed application from the USPTO. Three will very depositing step inchetting the inchettion dozes, Any comments on the entered of the your require to complete this form anidor suggestions for excising this birdes, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.G. San 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.G. Box 1450, Alexandria, VA 22313-1450, C.

If you need ensistence in completing the larm, call 1-800-PTO-8 tiff and acted option 2